

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

SERIAL NO.
09/659,683

FILING DATE

APPLICANT(S)

9-16-04 9-9-04

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	1	0	1	0	1	0
TOTAL DER.	0	0	0	0	0	0
TOTAL CLAIMS	1	1	1	1	1	1

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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TOTAL IND.	1	0	1	0	1	0	1	0
TOTAL DER.	0	0	0	0	0	0	1	0
TOTAL CLAIMS	1	1	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS